

EXHIBIT A

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

KIERA COHEN and ANGELO SOLOMITA,

Plaintiffs,

-against-

SALVATORE MICELOTTA and ELECTRIC EXPERT,
INC.

Defendants,

**EXPERT WITNESS
DISCLOSURE**

Index Number: 602851/22

Please take notice that the following is the response of the defendants, Salvatore J. Micelotta and Expert Electric, Inc., to plaintiffs' request for expert disclosure pursuant to § 3101(d) of the CPLR:

1. Defendants expect to call Dr. Jeffrey Richmond of 600 Northern Boulevard, Great Neck, NY 11021, an Orthopedist, as an expert witness at the trial in the above matter.
2. The subject matter upon which Dr. Richmond is presently expected to testify is set forth in detail in his report dated April 20, 2023, a copy of which is attached hereto and incorporated by reference herein.
3. The facts and opinions upon which Dr. Richmond is expected to testify are based on his physical examination of the plaintiff, Kiera Cohen, and his review of the plaintiff's medical records.
4. The grounds for Dr. Richmond's opinion come from his education, training and experience in the fields of Medicine and Orthopedics, his physical examination of the plaintiff, Kiera Cohen, on April 20, 2023 and his review of the plaintiff's medical records, and are set forth in Dr. Richmond's report, dated April 20, 2023.

5. Dr. Richmond's qualifications are set forth in his Curriculum Vitae, a copy of which is annexed hereto.

6. The grounds of Dr. Richmond's opinions are based upon his review of the Orthopedics report and the documents and testimony received into evidence during the trial of this action and the circumstances surrounding this incident. The defendant reserve the right to modify or supplement this answer.

Dated: Jericho, New York
May 3, 2023

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Sincerely,
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File Number: 22NEWY10743
Claim Number: 32-08P4-18C

Jeffrey Richmond, M.D.
Orthopaedic Surgery
600 Northern Boulevard Suite 300
Great Neck, New York 11021

April 20, 2023

COHEN, KIERA
Claim # 32-08P4-18C
D/O/L 7/2/20

Mr. Jared Levy, Esq.
James F. Butler & Associates
300 Jericho Quadrangle
Suite 260, East Building POB 9040
Jericho, NY 11753

Dear Mr. Levy,

As per your request I performed an independent medical examination of Ms. Kiera Cohen in my office today. Her identity was confirmed by her New York State driver license. I explained the nature of the examination to the claimant, and that no doctor-patient relationship was intended. At the conclusion, Ms. Cohen reported no increased pain as a result of the examination. She was accompanied in the examining room by Ms. Tiffany Uribe from "IME Companions." The following is a report of my findings.

Records Reviewed:

1. Verified Bill of Particulars 05/31/22: Allegations of neck, back and bilateral hip injuries sustained in a motor vehicle accident on 07/2/20.
2. Dorothy Scarpinato MD 12/30/2020: Orthopedic IME. Complaints of neck back and right hip pain. Claimant is able to perform full activities of daily living and full-time employment without heavy lifting.
3. Physical therapy reports 08/26/2020-02/17/2021.
4. Physical therapy
 - a. Initial evaluation 10/06/2021: Complaints of back and right hip pain.
 - b. Discharge summary 12/13/2021: 18 treatments.
 - c. Treatment notes 10/01/2021-12/13/2021
5. Imaging reports:
 - a. MRI right hip 08/11/2021: Focal tear at the base of the anterior acetabular labrum. Mild peritendinous edema in the right gluteus minimus insertion. No joint effusion.
 - b. X-ray right hip 07/20/2020: Unremarkable right hip.

History:

Ms. Kiera Cohen is a 43-year-old female who was reportedly restrained driver in a rear-end motor vehicle accident on 07/02/2020. The airbags did not deploy and she did not seek immediate medical care due to the COVID pandemic. She reported to me that she was evaluated by primary care physician and then an orthopedic surgeon. An x-ray of her right hip was unremarkable. She was then sent for an MRI of her right hip which revealed tearing of the anterior acetabular labrum. There is no joint effusion but there was mild edema in the right gluteus minimus insertion. By the claimant reports she had 2 steroid injections into the right trochanteric bursa, both of which gave her temporary relief. She was also treated extensively with physical therapy but she is not in physical therapy at this time. She is participating in home exercise program.

The claimant continues to report pain in her neck, back and both hips, right worse than left.

Past Medical History:

- Cervical cancer

Past Surgical History:

- Cervical surgery and pelvic lymph node dissection in 2008
- Caesarean section x2
- Cholecystectomy
- Completion hysterectomy 2021

Medications:

- Synthroid
- Aleve / Motrin, not daily

Social:

- Non-smoker
- Employed in human resources

Chief Complaints:

1. **Neck:** "Uncomfortable." Denies radiation into the arms. Pain is exacerbated by computer work.
2. **Back:** Low back is uncomfortable, dull pain. Denies radiation into the legs.
3. **Right hip:** Constant pain with weight-bearing, worse with stairs.
4. **Left hip:** Pain is similar to the right side but less frequent.

Physical Examination (all measurements with goniometer; range of motion per AMA Guides to the Evaluation of Permanent Impairment 5th ed. Range of motion is noted to be subjective under the voluntary control of the individual being tested):

- **General:** Well-developed female.
- **Habitus:** Height 5'2", 165lbs. by report.
- **Speech:** Fluent

- **Gait:** Normal reciprocating gait, no assistive device.
- **Cervical spine:**
 - Skin intact.
 - No deformity.
 - No tenderness
 - Flexion 50 (normal 50), extension 60 (normal 60), rotation right 80/left 80 (normal 80).
- **Thoracic spine:**
 - No tenderness
 - Alignment normal
- **Lumbar spine:**
 - Normal alignment.
 - Skin intact
 - Minimal midline tenderness
 - No evidence of muscle spasm.
 - 60 degrees flexion (normal 60), extension 25 degrees (normal 25)
- **Neurological:**
 - **Motor:** 5/5 in all muscle groups bilateral upper/lower extremities
 - **Sensory:** Intact to light touch all dermatomes bilateral upper and lower extremities
 - **Reflexes:** 3+ bicep/brachioradialis bilaterally, 3+ patella/Achilles testing. Babinski downgoing.
 - **Straight leg raise:** Negative
- **Waddell Signs:**
 - Superficial tenderness: Absent
 - Simulation test: Absent
 - Distraction tests: Absent
 - Regional disturbance: Absent
 - Overreaction: Absent
- **Bilateral Shoulders:**
 - Skin intact.
 - No tenderness
 - Active forward elevation R 170/L 170 (normal 180), ER R80/L80 (normal 90) IR T10 bilaterally
 - Negative Impingement signs
 - 5/5 external rotation strength
- **Bilateral hips/pelvis:**
 - Mild left trochanteric tenderness, no bony tenderness on right
 - Tender proximal to the right trochanter over the abductors
 - Flexion 100 bilateral (normal 100)
 - External rotation 50 bilateral (normal 50)
 - Internal rotation 40 bilateral (normal 40)
 - 5/5 abduction strength

- Negative FADIR bilaterally

Impression:

Ms. Kiera Cohen is a 43-year-old female who was allegedly injured her neck back and both hips in a rear-end motor vehicle accident on 7/2/2020. She has had extensive physical therapy as well as 2 injections into her right hip which only gave her temporary relief. She continues to complain of pain in her neck back and both hips.

Neck: The claimant reports pain in her neck. She denies any radiation into her arms and the pain is exacerbated by computer use. No imaging was submitted for my review.

On my examination the claimant had no tenderness and full range of motion in her neck. She had a normal neurological examination with regard to her cervical spine.

Based on the data submitted to me there is no objective evidence that the claimant sustained any significant injury to her neck as a result of the subject accident nor that she has any significant cervical spine dysfunction.

Back: As with the neck, Ms. Cohen reports a dull pain but denies any radiation into her legs. No imaging of her lumbar spine was submitted for my review.

On my examination the claimant had minimal midline tenderness but normal range of motion in her lumbar spine and a normal neurological examination in both lower extremities. She had no provocative signs such as a positive straight leg raise to suggest any clinically significant radiculopathy.

There is no objective evidence that the claimant sustained any significant injury to her low back as a result of the 7/2/2020 accident, nor that she has any significant lumbar spine dysfunction at this time.

Right hip: The claimant reports constant pain in the right hip with weight-bearing and going up and down stairs. An MRI identified mild edema at the gluteus minimus insertion as well as a focal tear of the anterior acetabular labrum. The acetabular labrum is a cartilaginous ring that surrounds the hip socket. This is a frequent site of degenerative change as a result of hip impingement and is considered a degenerative process. Traumatic tearing of the labrum would be the result of a very high-energy trauma that would necessitate hip dislocation or subluxation which was not present in this case.

On my examination the claimant had full range of motion her hip and did not demonstrate any labral signs. She was tender over the abductor region which may correspond to the area of edema seen on the MRI.

There is no objective evidence that the claimant sustained any injury to her right hip as a result of the subject accident. It is difficult to conceive of how a rear-end accident could have resulted

in any hip pathology. The MRI does not demonstrate anything that can be reasonably attributed to an accident.

Left hip: Ms. Cohen reports left hip pain that is similar but of less severity than the pain on the right side. No imaging was submitted for my review.

My physical examination with regard to the left hip was unremarkable other than some mild tenderness over the trochanter.

The claimant has symptoms consistent with mild trochanteric bursitis. This is an inflammatory process that is not a traumatically induced condition. There is no medical explanation as to how the subject accident could have caused this. There is no objective evidence that she sustained any significant hip injury on the left side as result of the subject accident.

All opinions expressed in this report are based on the records submitted for my review and my clinical examination. All opinions are to a reasonable degree of medical certainty.

I attest to having the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination, if applicable. There is no conflict of interest known to me regarding this specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.

I, Jeffrey Richmond MD, being a doctor duly licensed to practice medicine in the State of NY (#209719), pursuant to the applicable provisions of the Civil Practice Law and Rules section 2106, hereby affirm under penalties of perjury that the statements contained herein are true and accurate.



Jeffrey Richmond, M.D.

Index No: 602851/22

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EXPERT WITNESS DISCLOSURE AND EXHIBITS

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Attorney Certification:
The undersigned, an attorney admitted to practice in the Courts of New York State, certifies that, upon information, belief and reasonable inquiry, the contentions contained in the above referenced document(s) are not frivolous.

Dated: Jericho, New York
May 3, 2023


JARED LEVY, ESQ.

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